

# CHRISTIAN COUNSELING CENTERS OF UTAH

## Client Access to the Medical Record Request Form

(See Attachment B for completion instructions)

### *INSPECT*

I, (a) \_\_\_\_\_, request access to my medical records for my personal inspection or by (b) \_\_\_\_\_, my personal representative. I am interested in inspecting (specify "entire record" or the specific parts of the record you are interested in):  
(c) \_\_\_\_\_

(Please suggest days of the week and times available for record access)

Day of the week _____	Time _____
Day of the week _____	Time _____
Day of the week _____	Time _____
Day of the week _____	Time _____
Day of the week _____	Time _____

**OR**

### *COPY*

I, (a) \_\_\_\_\_, request Christian Counseling Centers of Utah make a copy of my medical records for my personal inspection. I understand that these records contain protected health information (PHI). I want a copy of (specify "entire record", specific dates, or other specific parts of the record you are interested in): (b) \_\_\_\_\_

I understand that I may have one free copy of my record per calendar year. If I have already received a free copy of my records for this calendar year I agree to be responsible for the cost of copying/scanning, mailing, USB, as applicable according to fees as shown on Attachment A.

#### Format requested:

Paper, copied, to be picked up \_\_\_\_\_  
Paper, copied, to be mailed, 1<sup>st</sup> class \_\_\_\_\_  
Electronic, scanned, USB ,provided by client or center (select), to be picked up \_\_\_\_\_  
Electronic, scanned, USB, provided by client or center (select), to be mailed, 1<sup>st</sup> class \_\_\_\_\_  
Electronic, scanned, to be emailed (unsecured) with email consent completed \_\_\_\_\_  
Electronic, scanned, to be delivered by videoconference platform computer to computer \_\_\_\_\_  
If mailed, address to use: \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date of Request \_\_\_\_\_  
Patient Printed Name and Date of Birth \_\_\_\_\_

Date received by Privacy Officer \_\_\_\_\_ Signature \_\_\_\_\_

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## Attachment A to Access to Inspect and Copy Policy and Procedures

**When PHI is copied, summarized, scanned, mailed, emailed, or transferred by videoconference (pursuant to a client's request to access their PHI), the following charges may be assessed to the client if agreed to in advance:**

Copies: This includes the cost of supplies for and the labor of copying/scanning. We will charge a labor fee of \$7.25/hour and a supply cost fee of .04 per page copied. These fees are based on our cartridge and paper cost.

Mailing: Actual (first class) postage may be charged when the individual has requested the copy or the summary or explanation be mailed.

Preparation of an explanation or a summary of the PHI: Clinician will charge the time to prepare the explanation or summary using the client's most recent hourly fee.

## Attachment B to Access to Inspect and Copy Policy and Procedures

### **Instructions in completing the form:**

#### Inspect:

- (a) print client name
- (b) print personal representative name (if desired)
- (c) indicate "entire record" or section numbers as indicated below:
  - 1 billing documents
  - 2 initial intake forms, consents, administrative information
  - 3 assessments, treatment plans, reports, correspondence produced by CCCU
  - 4 documents produced by client or sources outside of CCCU
  - 5 general medical record notes

#### Copy:

- (a) print client name
- (b) indicate "entire record" or section numbers as indicated below:
  - 1 billing documents
  - 2 initial intake forms, consents, administrative information
  - 3 assessments, treatment plans, reports, correspondence produced by CCCU
  - 4 documents produced by client or sources outside of CCCU
  - 5 general medical record notes